

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|---|--|---|--------------|--|--|----|--|--|--|--|
| 1 Date of Request: <u>7-7-05</u> | | 2 Serial/Patent # <u>10/526 878</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| | | 6 AMOUNT | | | | | | | | |
| Filing | | | \$ | | | | | | | |
| Amendment | | | \$ | | | | | | | |
| Extension of Time | | | \$ | | | | | | | |
| Notice of Appeal/Appeal | | | \$ | | | | | | | |
| Petition | | | \$ | | | | | | | |
| Issue | | | \$ | | | | | | | |
| Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| Maintenance | | | \$ | | | | | | | |
| Assignment | | | \$ | | | | | | | |
| Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | |
| Overpayment | | Credit Deposit A/C #: | | | | | | | | |
| Duplicate Payment | | 9 <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table> | | | | -- | | | | |
| | | -- | | | | | | | | |
| No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>BARBARA CAMPBELL</u> | | TITLE: _____ | | | | | | | | |
| SIGNATURE: <u>BAC</u> | | PHONE: <u>703 308-9140</u> | | | | | | | | |
| OFFICE: <u>PCT/DO/EO</u> | | <u>EXT 217</u> | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | |
| | | Adjustment date: 07/08/2005 BCAMPBELL 03/22/2005 HKAYPAGH 00000042 10526878 02 FC:1632 -500.00 OP | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**